



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
 By Carol Day at 4:15 pm, Feb 10, 2014

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|---|---------------------------------------|---|
| INTOXILYZER 5000 SN 66-005157 | NAME OF AGENCY Independence | DATE OF INSPECTION 02-10-2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 223 N. Memorial Dr Independence Missouri | | TIME OF INSPECTION 1118 hrs |

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DVM TEST: (.350 ± .150) **.398**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **02/10/2014 1120hrs**
- CHARACTER DISPLAY TEST
- PRINT TEST (PRINTOUT ATTACHED)
- SIMULATOR SOLUTION SUPPLIER **Cuth Lab Inc** LOT # **13290** EXP. DATE **10-29-15**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0c** SIMULATOR SN **DR4900** EXP. DATE **02/25/2014**
- CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
 Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
 - 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 - 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
 - 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

| | | |
|----------------------|----------------------|----------------------|
| TEST 1 • .101 | TEST 2 • .101 | TEST 3 • .103 |
|----------------------|----------------------|----------------------|

PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | |
|----------------------|-------|------------------|------------------|---------------------|----------|
| REFUSALS | 0-.04 | .05-.09 | .10-.14 | .15-.19 | Over .19 |
|----------------------|-------|------------------|------------------|---------------------|----------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).
Instrument meets all DHSS standards.

| INSPECTING OFFICER | |
|---|---|
| SIGNATURE Todd Hargis | PRINT FULL NAME Todd Hargis |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230146 08/01/2015 | TELEPHONE NUMBER 816 325-7293 |

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
 Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901

160 DETENTION UNIT
ANALYZER ANALYZER
NO MODEL 9809 SH 66-085157
02/18/2014

DIAGNOSTIC TEST

11:28

| | |
|--------------------|--------|
| FRON CHECK E735.23 | PASSED |
| PAN CHECK | PASSED |
| LEAF CHECK | PASSED |
| PROCESSOR CHECK | |
| SINE PULSE | PASSED |
| SINE SPEED | PASSED |
| DC STABILITY | PASSED |
| POS STABILITY | PASSED |
| REF RANGE | PASSED |
| DIAGNOSTIC | PASSED |

PRINTER CHECK
ABCDEFGHIJKLMN O P Q R S T U V W X Y Z
0123456789

COMMENTS _____

T. H. Hager 814

OFFICER'S SIGNATURE & SERIAL NO.

W-66-005157
2793, 23

9271972014
1121

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ01234567890abcde
ABCDEFGHIJKLMNPOQRSTUVWXYZ01234567890
ABCDEFGHIJKLMNPOQRSTUVWXYZ01234567890
ABCDEFGHIJKLMNPOQRSTUVWXYZ01234567890abcde

COMMENTS _____

Hargis 827

OFFICER'S SIGNATURE & SERIAL NO.

NO. 10101100 1011
NO. 10101100 1011
NO. 10101100 1011
NO. 10101100 1011

| TEST | TIME | TIME |
|------------|------|-------|
| AIR BLANK | 000 | 11:28 |
| CAL. CHECK | 101 | 11:29 |
| AIR BLANK | 000 | 11:29 |
| CAL. CHECK | 101 | 11:30 |
| AIR BLANK | 000 | 11:30 |
| CAL. CHECK | 100 | 11:31 |
| AIR BLANK | 000 | 11:31 |

NO RFI PRESENT

COMMENTS

Todd Hargis 817

OFFICER'S SIGNATURE & SERIAL NO.

01 01 2018
07:28
07:28
07:28 - 07:28

07/10/2018
11:39

COMMENTS _____

Todd Hanger 827

OFFICER'S SIGNATURE & SERIAL NO.



GUTH LABORATORIES, INC.

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
TODD W HARGIS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/1/2013

NUMBER 230146

EXPIRES 8/1/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator HARGIS, TODD
 Permit No 230146
 Date Issued 8/1/2013 Date Expires 8/1/2015

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority personally appears Todd Hargis.
Who, being by me duly sworn, deposed as follows:

My name is Todd Hargis I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of *Intoxilyzer 5000 Serial number* 66-005157.
Attached hereto are 7 pages of records from the **Independence Missouri Police Department**. These pages of records are kept by the **Independence Missouri Police Department** in regular course of business of the **Independence Missouri Police Department** for an employee or representative of the **Independence Missouri Police Department** with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record, and the record was made at or near the time of the act, event, condition, opinion or diagnoses. The records attached hereto are the original or exact duplicates of the original.

Todd Hargis
AFFIANT

Subscribed and sworn to me on this 10th day of February, 2014.

Samantha Morris
NOTARY PUBLIC



SAMANTHA MORRIS
My Commission Expires
January 24, 2017
Jackson County
Commission #13439145